

Application for New Jersey and New York Simplified Sales and Use Tax Reporting

Read instructions before completing — print or type

State Tax Department use only

1. Legal name of business (individuals, partners or corporate name)															
2. Trade name, if different from above															
3. Address of principal place of business (physical location(s) — number and street)															
4. City	State	ZIP code	5. Telephone number												
6. County of principal place of business		7. Type of organization													
		<input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Corporation													
If you have more than one business location, attach a list of the additional locations				Name code		SIC code									
8. Mailing address, if different from business address Name Street City, state, and ZIP code				10. Check one box only											
				<input type="checkbox"/> Federal employer identification number _____ <input type="checkbox"/> Social security number _____											
				11. Current sales tax registration numbers											
9. Business description				12a. If your principal place of business is in New Jersey, do you maintain a business location in New York?										Yes	No
				12b. If your principal place of business is in New York, do you maintain a business location in New Jersey?											

The undersigned hereby applies for registration under the New Jersey/New York Simplified Tax Reporting Program and understands that there will be an exchange of such information between New Jersey and New York as may be necessary to register the vendor for the program and to administer the program.

The undersigned agrees that upon approval of this registration, the vendor shall be subject to the laws of both New Jersey and New York for sales and use tax purposes.

13. I certify that the above statements are true. Signature _____

Name _____ Title _____ Date _____
(please print) (owner, partner, or responsible officer)

DTF-24 (4/00) (back)

Instructions

- Enter the exact legal name of the business being registered. If a sole proprietorship or partnership, enter legal name(s) of the owner(s).
- Enter the trade name of the business if different from Item 1.
6. Enter the actual physical location and telephone number of your principal place of business. If you have more than one place of business, attach a list of all such additional locations.
7. Check the box which applies to your type of business.
8. Enter the mailing address if different from Items 3 and 4.
9. Enter a description of your business activity. New York State vendors: refer to the enclosed Publication DTF-17.1 showing typical business descriptions.
10. Enter the federal employer identification number. If you do not have an employer identification number, enter the social security number of the owner or financially responsible partner. Check the appropriate box to indicate which number you entered.
11. Enter the registration number from your *Certificate of Authority*. If you are registered in both states, enter both numbers. If you are not currently registered in either, enter "none".
12. Answer either 12a or 12b by checking the appropriate box. *Business location* includes office, corporate headquarters, sales location, showroom, manufacturing facility, warehouse, or other owned or leased real property related to the business, whether or not sale or sales related activities are carried on from such location.
13. The application must be signed and dated by the owner, a partner, or a responsible officer of the corporation.

Mail the completed application to your home state:

State of New Jersey
Division of Taxation
PO Box 264
Trenton NJ 08695-0264

New York State
Department of Taxation and Finance
Bldg 8 Room 400
W A Harriman Campus
Albany NY 12227

or Telephone

(609) 984-0120

(518) 457-1997